

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | |
|---|---------------------|---|---|---|--|---|-------------------------|--------|--------|
| MEMBER INVOLVED DNA | 1. DATE OF INCIDENT | TIME | 2. ADDRESS OF OCCURRENCE | 3. LOCATION CODE | 4. BEAT/OCCUR | | | | |
| | 14-SEP-2012 | 21:32:00 | 249 W 110TH PL - CHICAGO, IL 60628 | 291 | 0513 | | | | |
| | 5. POSITION | 6. LAST NAME | FIRST NAME | 8. STAR NO. | 9. SEX | 10. RACE CODE | 11. AGE | 12. HT | 13. WT |
| | 9161 | SKARUPINSKI | CHRIS | 8254 | <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | WHI | | 602 | 200 |
| | 14. DATE OF APPT. | 15. EMPLOYEE NO. | 16. UNIT & BEAT OF ASSIGNMENT | 17. DUTY STATUS | 18. MEMBER INJURED? | 19. MEMBER IN UNIFORM? | | | |
| | 29-OCT-2007 | 005 | 0563C | <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | |
| | 20. LAST NAME | 21. FIRST NAME | 22. M.I. | 23. SEX | 24. RACE | 25. O.C.B. | 26. HT | 27. WT | |
| | POULARD | LERON | | <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | BLK | | 600 | 165 | |
| | 28. ADDRESS | 29. TELEPHONE NO. | 30. WAS SUBJECT ARMED/FIREARM - REVOLVER | 31. SUBJECT INJURED? | 32. SUBJECT ALLEGED INJURY? | | | | |
| | | | <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | |
| 33. WHERE WAS MEDICAL TREATMENT OBTAINED? | | 34. BY WHOM? | 35. CONDITION | 36. APPARENTLY NORMAL | 37. NOT HOSPITALIZED | 38. RELEASED MEDICAL AID | | | |
| | | | <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized | | | | | | |
| 39. CHARGES PLACED | | DNA | 37. CB NO. | IR NO. | DNA | | | | |
| 40. PASSIVE RESISTER | | ACTIVE RESISTER | ASSAULT: ASSAULT | ASSAULT: BATTERY | ASSAULT: DEADLY FORCE | | | | |
| SUBJECT'S ACTIONS | | PULLED AWAY <input checked="" type="checkbox"/> | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | ATTACK WITH WEAPON <input checked="" type="checkbox"/> | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> | | | | |
| STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | OTHER _____ | ATTACK WITHOUT WEAPON <input type="checkbox"/> | WEAPON <input checked="" type="checkbox"/> | OTHER SUBJECT POINTED GUN AT R/O <input type="checkbox"/> | | | | |
| OTHER _____ | | OTHER _____ | OTHER _____ | OTHER _____ | OTHER _____ | | | | |
| MEMBER'S RESPONSE | | MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____ | OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Skin) <input type="checkbox"/> TASER (Laser Trigger) <input type="checkbox"/> TASER (Spox Displayed) <input type="checkbox"/> OTHER _____ | ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 30) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____ | KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____ | FIREARM <input checked="" type="checkbox"/> OTHER _____ | | | |
| 41. OC/CHMICAL WEAPON AUTHORIZED BY (NAME) | | 42. ADDITIONAL INFORMATION THIS IS NOT BEING SUBMITTED VOLUNTARILY BUT UNDER DURESS. THIS SHOULD ONLY BE CONSIDERED A SUMMARY OF INFORMATION REQUESTED. PLEASE READ IN CONJUNCTION WITH ALL RELATED REPORTS. SUBJECT POINTED A HANDGUN AT R/O SKARUPINSKI | | | | | | | |
| POSITION | | STAR NO. | UNIT | 43. INCIDENT OCCURRED | 44. LIGHTING CONDITIONS | 45. WEATHER CONDITIONS | | | |
| <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 02 SEMI-AUTO PISTOL <input type="checkbox"/> 03 RIFLE <input type="checkbox"/> 04 OTHER | | <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | CLEAR | | | |
| 46. WEAPON TYPE | | 47. MAKE/MANUFACTURER | 48. MODEL | 49. BARREL LENGTH | 50. CALIBER/GAUGE | | | | |
| <input checked="" type="checkbox"/> 01 REVOLVER | | GLOCK, INC.-AU- | 17 | 4.9 | 9 MM | | | | |
| 51. TASER DART ID NO. | | 52. WEAPON SERIAL NO. (Include Letters) | 53. CHICAGO GUN REG. NO. | 54. FIREARM OWNER ID. NO. | 55. HANDGUN CERTIFICATE NO. | | | | |
| LCD660 | | R006399S | | | | | | | |
| 56. SPECIAL WEAPON CERTIFICATE NO. | | 57. PROPERTY INVENTORY NO. | 58. TYPE OF AMMUNITION USED | 59. NO. OF WEAPONS DISCHARGED BY THIS MEMBER | 60. TOTAL NO. OF SHOTS MEMBER FIRED | | | | |
| | | Department Issued | | 1 | 1 | | | | |
| 61. WHO FIRED FIRST SHOT | | 62. WAS FIREARM RELOADED DURING INCIDENT | 63. NO. OF SATRDRIDES/SHOT SHELLS RELOADED | 64. HOW WAS MEMBER'S HANDGUN WORN | 65. DID MEMBER USE SIGHTS | | | | |
| <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | 0 | <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) | <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED | | | | | | | |
| NONE | | <input type="checkbox"/> 01 0-85 FT. <input type="checkbox"/> 02 85-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | | |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON | | 69. POSITION OF MEMBER DISCHARGING WEAPON | | | | | | | |
| <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN | | <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | |
| 70. CASE INFO. | | 71. SIGNATURE | | | | | 72. EVENT NO. | | |
| NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. | | | | | | | HV476172 | | |
| NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. | | | | | | | CPD-11.377 (REV. 10/07) | | |
| Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | |
| 73. REPORTING MEMBER (Print Name) SKARUPINSKI, CHRIS 15-SEP-2012 04:01:10 | | STAR/EMPLOYEE NO. | SIGNATURE | | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) LOUGHREN, SEAN R | | STAR NO. 540 | SIGNATURE | DATE REVIEWED | TIME | LOG# 10570799 | | | |
| | | | | 15-SEP-2012 | 04:09:02 | | | | |
| Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | | | | | |
| 75. REVIEWING SUPERVISOR (Print Name) LOUGHREN, SEAN R | | STAR NO. 540 | SIGNATURE | DATE REVIEWED | TIME | | | | |
| | | | | 15-SEP-2012 | 04:09:02 | | | | |

Attachment 10

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HEREIN; OR 4.)

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE.

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject/Offender refused to give a statement.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Chris Skarupinski #8254 acted in compliance with Department policy. Officer Skarupinski fired his weapon in fear for his life after offender POLLARD, Leron (I.R. #181688) pointed a handgun in the officer's direction, thus placing him in fear of his life Log #1057079 was issued for this incident. UR12-034

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1057079 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

DATE COMPLETED

TIME

15-SEP-2012 04:27:55

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF: SUPPLEMENTARY REPORT

I.O.D. REPORT

89. TOTAL TRRS THIS EVENT No

CASE REPORT
 ARREST REPORT

OFFICER BATTERY REPORT
 TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

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LOG# 1057079
Attachment 10